

## Texas Prior Authorization Program Clinical Criteria

---

### Drug/Drug Class

### Multiple Sclerosis (MS) Agents

*This criteria was recommended for review by an MCO to ensure appropriate and safe utilization*

#### Ampyra (Dalfampridine)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

#### Aubagio (Teriflunomide)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Mavenclad (Cladribine)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Mayzent (Siponimod)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Zeposia (Ozanimod)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## **Revision Notes**

Initial Publication and presentation to the DUR Board



## MS Agents

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
AMPYRA ER 10 MG TABLET	28246
AUBAGIO 14 MG TABLET	33262
AUBAGIO 7 MG TABLET	33259
DALFAMPRIDINE ER 10 MG TABLET	28246
MAVENCLAD 10 MG X 10 TABLET PK	44338
MAVENCLAD 10 MG X 4 TABLET PK	44338
MAVENCLAD 10 MG X 5 TABLET PK	44338
MAVENCLAD 10 MG X 6 TABLET PK	44338
MAVENCLAD 10 MG X 7 TABLET PK	44338
MAVENCLAD 10 MG X 8 TABLET PK	44338
MAVENCLAD 10 MG X 9 TABLET PK	44338
MAYZENT 0.25 MG STARTER PACK	46135
MAYZENT 0.25 MG TABLET	46134
MAYZENT 2 MG TABLET	46133
ZEPOSIA 0.23-0.46 MG START PCK	47864
ZEPOSIA 0.92 MG CAPSULE	47863
ZEPOSIA 0.23-0.46-0.92 MG KIT	47865

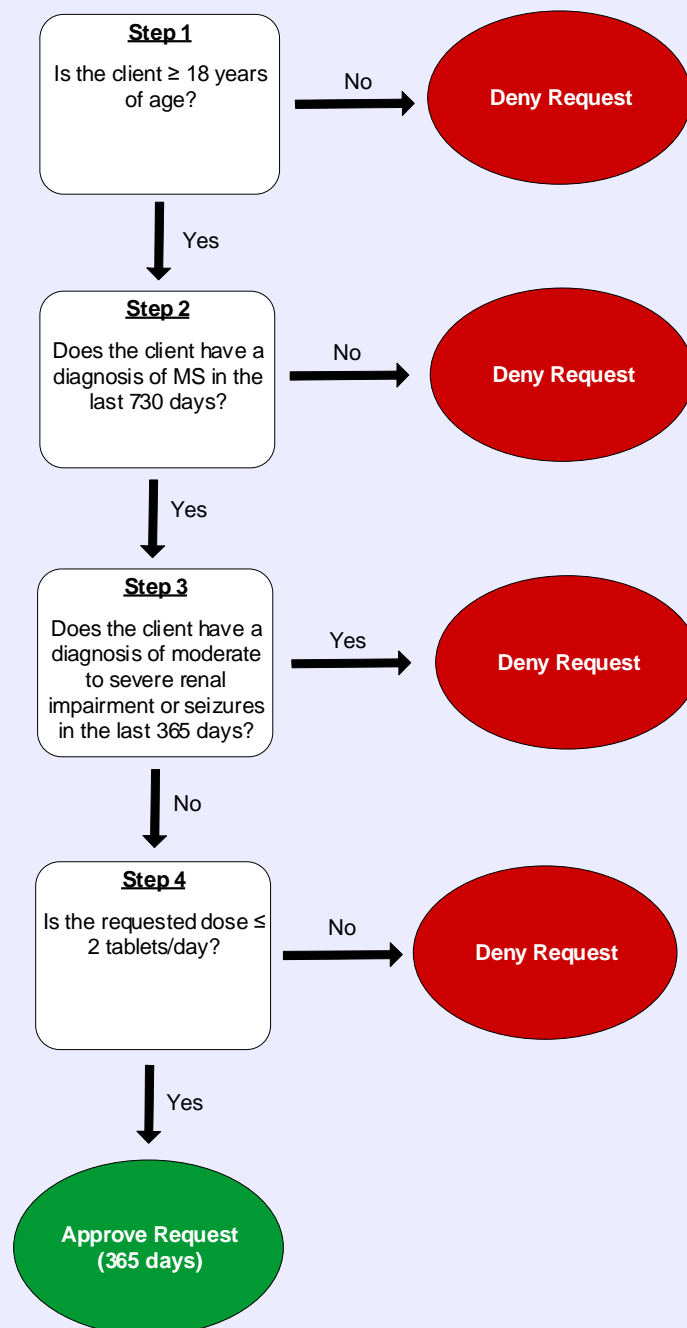


**MS Agents**  
**Amypyra (Dalfampridine)**  
**Clinical Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes (Go to #2)  
☐ No (Deny)
2. Does the client have a diagnosis of **multiple sclerosis (MS)** in the last 730 days?  
☐ Yes (Go to #3)  
☐ No (Deny)
3. Does the client have a diagnosis of **moderate to severe renal impairment** or **seizures** in the last 365 days?  
☐ Yes (Deny)  
☐ No (Go to #4)
4. Is the requested dose less than or equal to ( $\leq$ ) 2 tablets/day?  
☐ Yes (Approve – 365 days)  
☐ No (Deny)



## MS Agents Ampyra (Dalfampridine) Clinical Criteria Logic Diagram



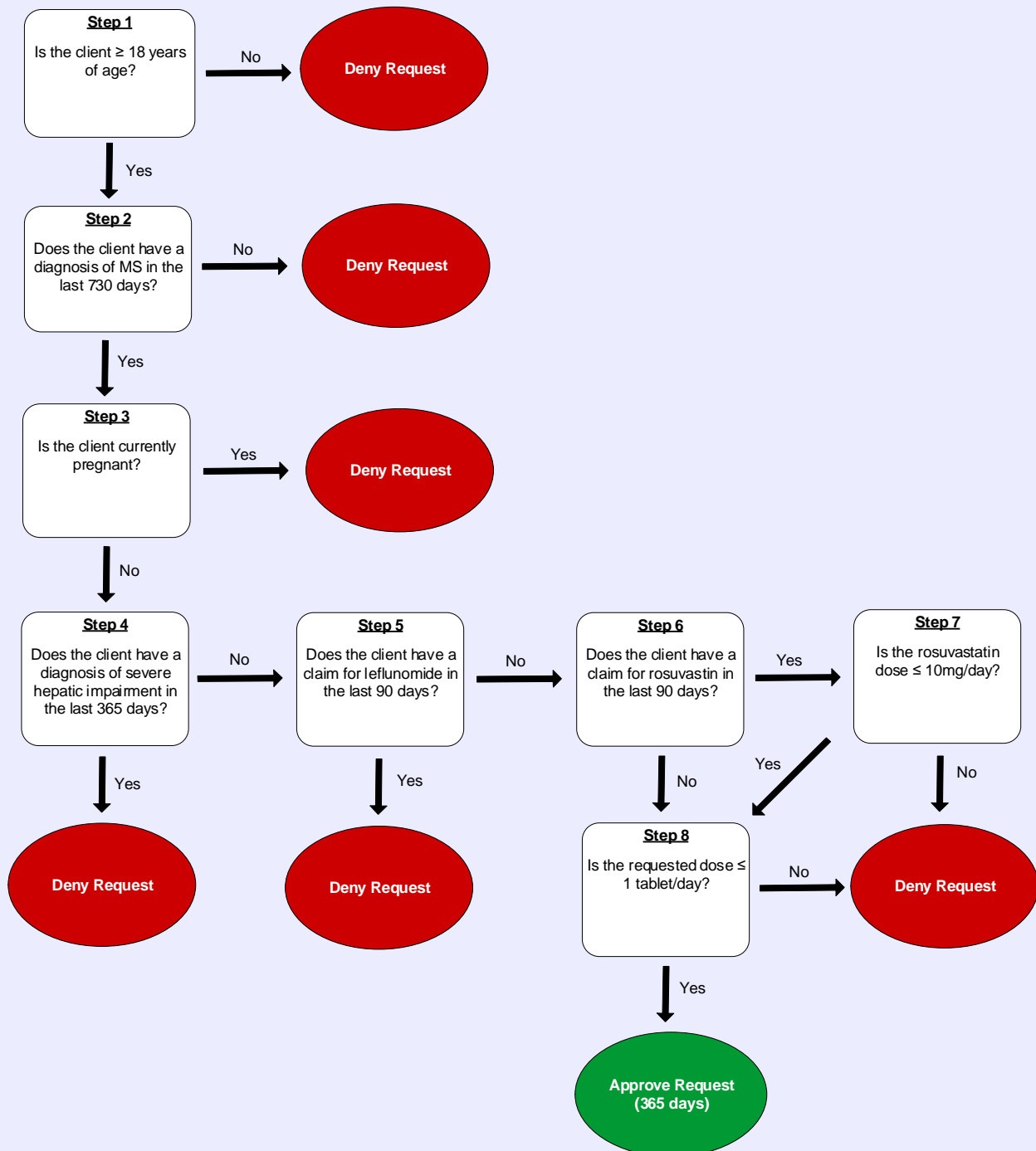


**MS Agents**  
**Aubagio (Teriflunomide)**  
**Clinical Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes (Go to #2)  
☐ No (Deny)
2. Does the client have a diagnosis of **multiple sclerosis (MS)** in the last 730 days?  
☐ Yes (Go to #3)  
☐ No (Deny)
3. Is the client currently **pregnant**?  
☐ Yes (Deny)  
☐ No (Go to #4)
4. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?  
☐ Yes (Deny)  
☐ No (Go to #5)
5. Does the client have a claim for **leflunomide** in the last 90 days?  
☐ Yes (Deny)  
☐ No (Go to #6)
6. Does the client have a claim for **rosuvastatin** in the last 90 days?  
☐ Yes (Go to #7)  
☐ No (Go to #8)
7. Is the dose of rosuvastatin less than or equal to ( $\leq$ ) 10mg/day?  
☐ Yes (Go to #8)  
☐ No (Deny)
8. Is the requested dose less than or equal to ( $\leq$ ) 1 tablet/day?  
☐ Yes (Approve – 365 days)  
☐ No (Deny)



## MS Agents Aubagio (Teriflunomide) Clinical Criteria Logic Diagram





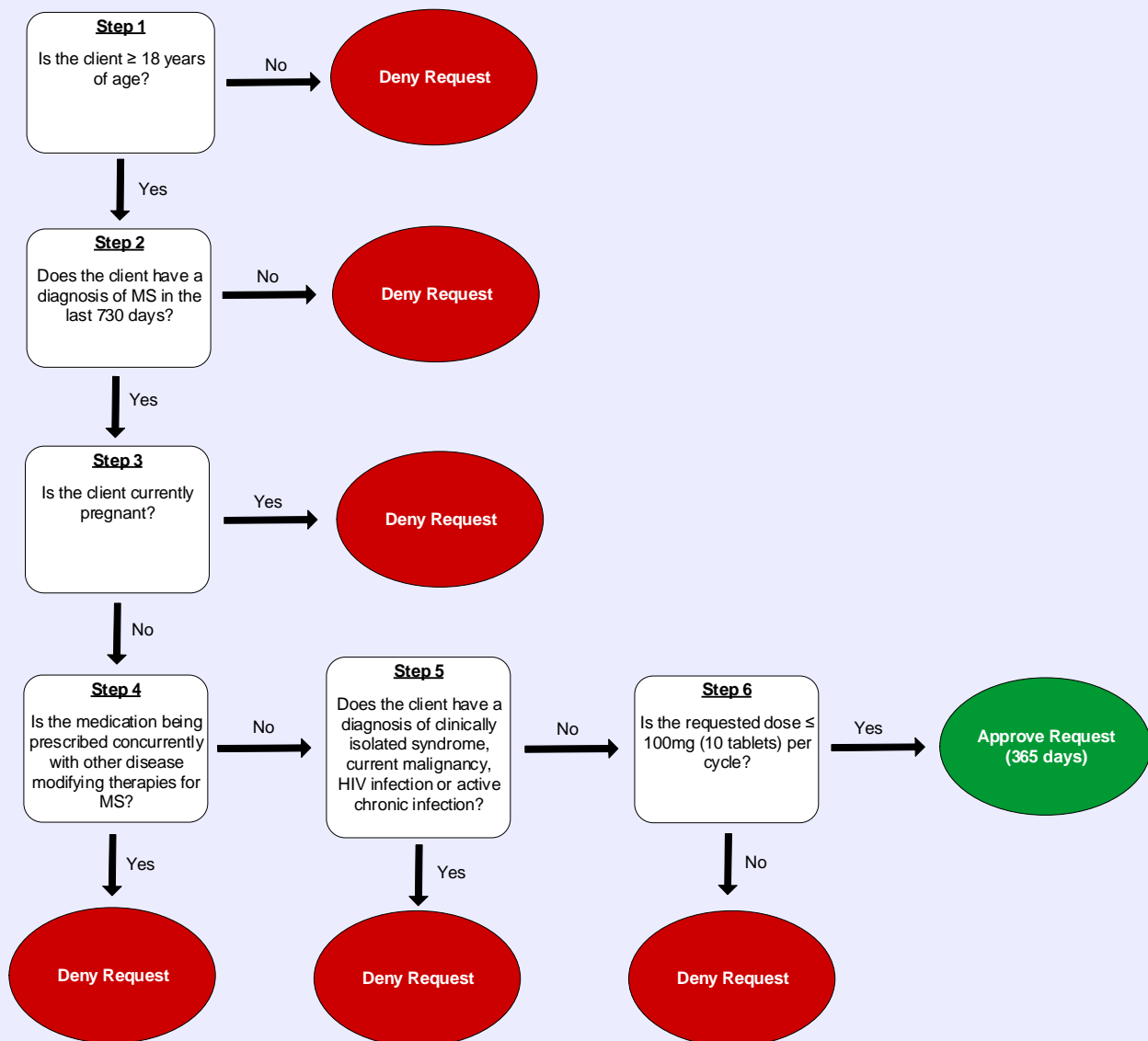


**MS Agents**  
**Mavenclad (Cladribine)**  
**Clinical Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes (Go to #2)  
☐ No (Deny)
2. Does the client have a diagnosis of **multiple sclerosis (MS)** in the last 730 days?  
☐ Yes (Go to #3)  
☐ No (Deny)
3. Is the client currently **pregnant**?  
☐ Yes (Deny)  
☐ No (Go to #4)
4. Is the medication being prescribed concurrently with other **disease modifying therapies for MS**?  
☐ Yes (Deny)  
☐ No (Go to #5)
5. Does the client have a diagnosis of **clinically isolated syndrome, current malignancy, HIV infection or active chronic infection**?  
☐ Yes (Deny)  
☐ No (Go to #6)
6. Is the requested dose less than or equal to ( $\leq$ ) 100mg (10 tablets) per cycle?  
☐ Yes (Approve – 365 days)  
☐ No (Deny)



## MS Agents Mavenclad (Cladribine) Clinical Criteria Logic Diagram





**MS Agents**  
**Mayzent (Siponimod)**  
**Clinical Criteria Logic**

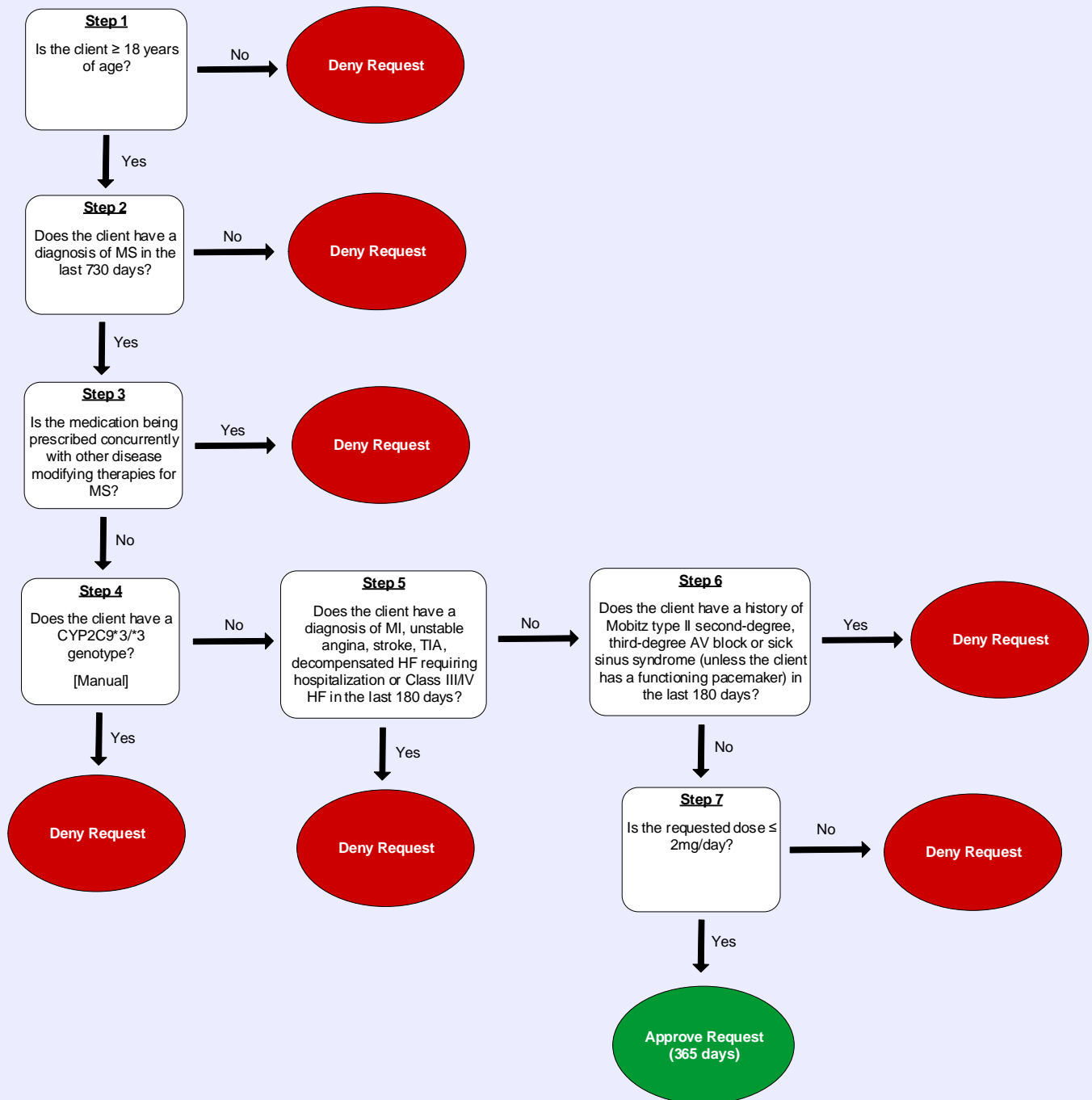
1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes (Go to #2)  
☐ No (Deny)
2. Does the client have a diagnosis of **multiple sclerosis (MS)** in the last 730 days?  
☐ Yes (Go to #3)  
☐ No (Deny)
3. Is the medication being prescribed concurrently with other **disease modifying therapies for MS**?  
☐ Yes (Deny)  
☐ No (Go to #4)
4. Does the client have a CYP2C9\*3/\*3 genotype? [Manual]  
☐ Yes (Deny)  
☐ No (Go to #5)
5. Does the client have a diagnosis of **myocardial infarction (MI), unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization or Class III/IV heart failure** in the last 180 days?  
☐ Yes (Deny)  
☐ No (Go to #6)
6. Does the client have a history of **Mobitz type II second-degree, third-degree AV block or sick sinus syndrome** (unless the client has a functioning pacemaker) in the last 180 days?  
☐ Yes (Deny)  
☐ No (Go to #7)
7. Is the requested dose less than or equal to ( $\leq$ ) 2mg/day?  
☐ Yes (Approve – 365 days)  
☐ No (Deny)



# MS Agents

## Mayzent (Siponimod)

### Clinical Criteria Logic Diagram





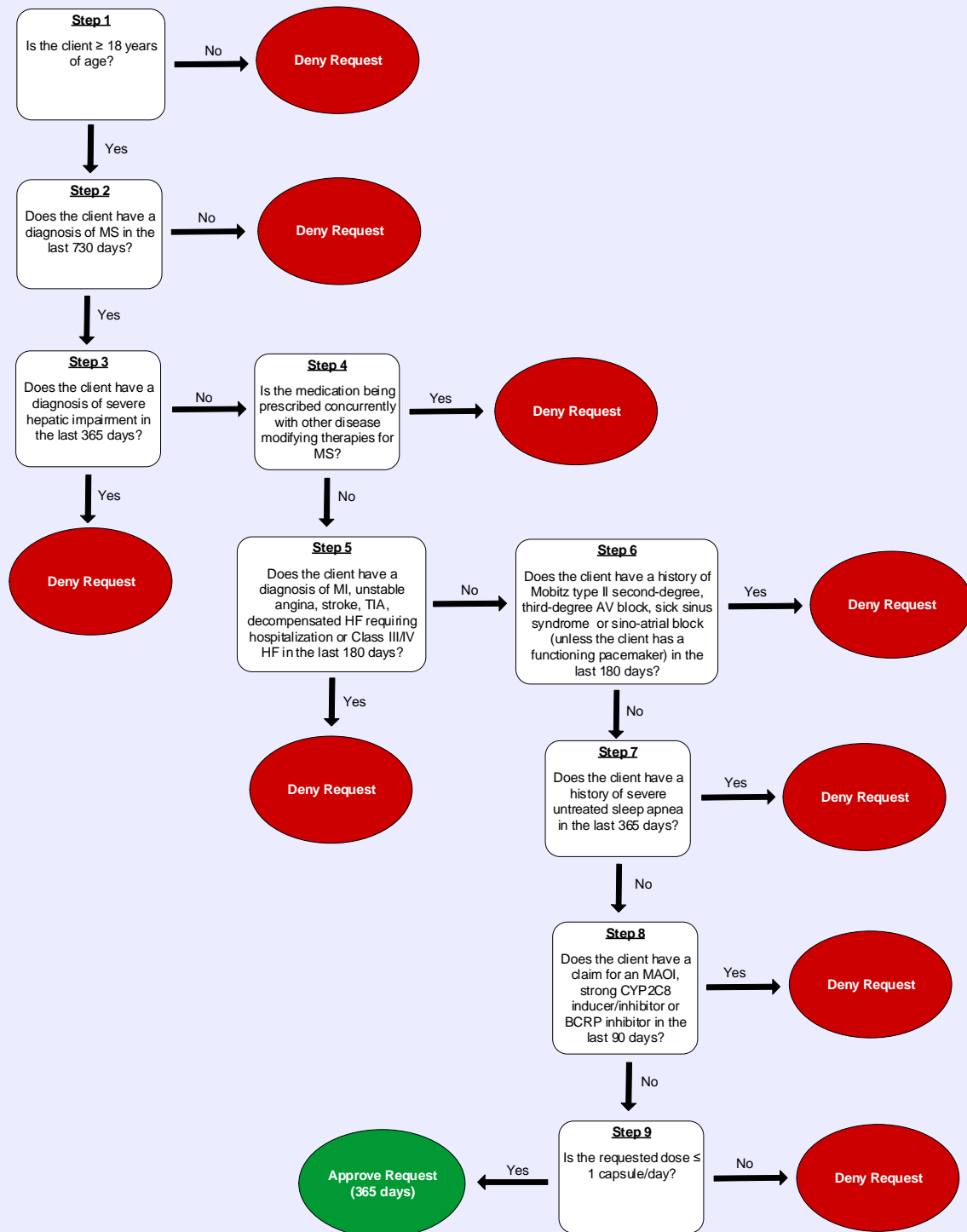
**MS Agents**  
**Zeposia (Ozanimod)**  
**Clinical Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes (Go to #2)  
☐ No (Deny)
2. Does the client have a diagnosis of **multiple sclerosis** in the last 730 days?  
☐ Yes (Go to #3)  
☐ No (Deny)
3. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?  
☐ Yes (Deny)  
☐ No (Go to #4)
4. Is the medication being prescribed concurrently with other **disease modifying therapies for MS**?  
☐ Yes (Deny)  
☐ No (Go to #5)
5. Does the client have a diagnosis of **myocardial infarction (MI), unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization or Class III/IV heart failure** in the last 180 days?  
☐ Yes (Deny)  
☐ No (Go to #6)
6. Does the client have a history of **Mobitz type II second-degree, third-degree AV block, sick sinus syndrome or sino-atrial block** (unless the client has a functioning pacemaker) in the last 180 days?  
☐ Yes (Deny)  
☐ No (Go to #7)
7. Does the client have a history of severe untreated **sleep apnea** in the last 365 days?  
☐ Yes (Deny)  
☐ No (Go to #8)
8. Does the client have a claim for a **monoamine oxidase inhibitor (MAOI), strong CYP2C8 inhibitor/inducer or BCRP inhibitor** in the last 90 days?  
☐ Yes (Deny)  
☐ No (Go to #9)

9. Is the requested dose less than or equal to ( $\leq$ ) 1 capsule/day?
- ☐ Yes (Approve – 365 days)
  - ☐ No (Deny)



# MS Agents Zeposia (Ozanimod) Clinical Criteria Logic Diagram





## MS Agents

### Clinical Criteria Supporting Tables

Multiple Sclerosis (MS)	
ICD-10 Code	Description
G35	MULTIPLE SCLEROSIS

Severe Renal Impairment	
ICD-10 Code	Description
N183	CHRONIC KIDNEY DISEASE, STAGE 3
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE

Epilepsy Diagnoses	
ICD-10 Code	Description
G40001	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40009	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40011	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE WITH STATUS EPILEPTICUS
G40019	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40101	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40109	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40111	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE WITH STATUS EPILEPTICUS
G40119	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE WITHOUT STATUS EPILEPTICUS



Epilepsy Diagnoses	
ICD-10 Code	Description
G40201	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40209	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40211	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE WITH STATUS EPILEPTICUS
G40219	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40301	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40309	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40311	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40319	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40A01	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40A09	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40A11	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE WITH STATUS EPILEPTICUS
G40A19	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40B01	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40B09	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40B11	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE WITH STATUS EPILEPTICUS
G40B19	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40401	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES WITH STATUS EPILEPTICUS
G40409	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES WITHOUT STATUS EPILEPTICUS
G40411	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40419	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40501	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE WITH STATUS EPILEPTICUS

Epilepsy Diagnoses	
ICD-10 Code	Description
G40509	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40801	OTHER EPILEPSY NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40802	OTHER EPILEPSY NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40803	OTHER EPILEPSY INTRACTABLE, WITH STATUS EPILEPTICUS
G40804	OTHER EPILEPSY INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40811	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40812	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40813	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITH STATUS EPILEPTICUS
G40814	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40821	EPILEPTIC SPASMS NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40822	EPILEPTIC SPASMS NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40823	EPILEPTIC SPASMS INTRACTABLE, WITH STATUS EPILEPTICUS
G40824	EPILEPTIC SPASMS INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G4089	OTHER SEIZURES
G40901	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40909	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40911	EPILEPSY, UNSPECIFIED, INTRACTABLE WITH STATUS EPILEPTICUS
G40919	EPILEPSY, UNSPECIFIED, INTRACTABLE WITHOUT STATUS EPILEPTICUS

Pregnancy diagnoses	
ICD-10 Code	Description
O3670X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3670X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 1
O3670X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 2
O3670X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 3
O3670X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 4
O3670X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 5

Pregnancy diagnoses	
ICD-10 Code	Description
O3670X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, OTHER FETUS
O3671X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3671X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 1
O3671X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 2
O3671X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 3
O3671X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 4
O3671X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 5
O3671X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, OTHER FETUS
O3672X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3672X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 1
O3672X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 2
O3672X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 3
O3672X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 4
O3672X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 5
O3672X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, OTHER FETUS
O3673X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3673X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 1
O3673X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 2
O3673X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 3
O3673X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 4
O3673X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 5
O3673X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, OTHER FETUS

Severe Hepatic Impairment	
ICD-10 Code	Description
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES

<b>Severe Hepatic Impairment</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

Leflunomide	
Description	GCN
ARAVA 10 MG TABLET	67031
ARAVA 20 MG TABLET	67032
LEFLUNOMIDE 10 MG TABLET	67031
LEFLUNOMIDE 20 MG TABLET	67032

Rosuvastatin	
Description	GCN
CRESTOR 10MG TABLET	19153
CRESTOR 20MG TABLET	19154
CRESTOR 40MG TABLET	19155
CRESTOR 5MG TABLET	20229
EZALLOR SPRINKLE 10MG CAPSULE	39996
EZALLOR SPRINKLE 20MG CAPSULE	40734
EZALLOR SPRINKLE 40MG CAPSULE	41027
EZALLOR SPRINKLE 5MG CAPSULE	38314
ROSUVASTATIN 10MG TABLET	19153
ROSUVASTATIN 20MG TABLET	19154
ROSUVASTATIN 40MG TABLET	19155
ROSUVASTATIN 5MG TABLET	20229

Disease Modifying Therapies for MS	
Description	GCN
AUBAGIO 14 MG TABLET	33262
AUBAGIO 7 MG TABLET	33259
AVONEX PEN 30 MCG/0.5 ML KIT	30222
AVONEX PREFILLED SYR 30 MCG KIT	20147
BAFIERTAM DR 95 MG CAPSULE	48156
BETASERON 0.3 MG KIT	98376
COPAXONE 20 MG/ML SYRINGE	17178
COPAXONE 40 MG/ML SYRINGE	35983
DIMETHYL FUMARATE 30D START PK	34433
DIMETHYL FUMARATE DR 120 MG CP	34434
DIMETHYL FUMARATE DR 240 MG CP	34435
EXTAVIA 0.3 MG KIT	98376
GILENYA 0.5 MG CAPSULE	29073

<b>Disease Modifying Therapies for MS</b>	
<b>Description</b>	<b>GCN</b>
GLATIRAMER 20 MG/ML SYRINGE	17178
GLATIRAMER 40 MG/ML SYRINGE	35983
GLATOPA 20 MG/ML SYRINGE	17178
GLATOPA 40 MG/ML SYRINGE	35983
KESIMPTA 20 MG/0.4 ML PEN	48513
MAYZENT 0.25 MG STARTER PACK	46135
MAYZENT 0.25 MG TABLET	46134
MAYZENT 2 MG TABLET	46133
MITOXANTRONE 20 MG/10 ML VL	07544
MITOXANTRONE 25 MG/12.5 ML VL	07544
MITOXANTRONE 30 MG/15 ML VL	07544
PLEGRIDY 125 MCG/0.5 ML PEN	36958
PLEGRIDY 125 MCG/0.5 ML SYRINGE	36948
PLEGRIDY PEN INJ STARTER PACK	36956
PLEGRIDY SYRINGE STARTER PACK	36947
REBIF 22 MCG/0.5 ML SYRINGE	15914
REBIF 44 MCG/0.5 ML SYRINGE	15918
REBIF REBIDOSE 22 MCG/0.5 ML	34167
REBIF REBIDOSE 44 MCG/0.5 ML	34168
REBIF REBIDOSE TITRATION PACK	34166
REBIF TITRATION PACK	24286
TECFIDERA DR 120 MG CAPSULE	34434
TECFIDERA DR 240 MG CAPSULE	34435
TECFIDERA STARTER PACK	34433
VUMERITY DR 230 MG CAPSULE	47209
ZEPOSIA 0.23-0.46 MG START PCK	47864
ZEPOSIA 0.23-0.46-0.92 MG KIT	47865
ZEPOSIA 0.92 MG CAPSULE	47863

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
A150	TUBERCULOSIS OF LUNG
A154	TUBERCULOSIS OF INTRATHORACIC LYMPH NODES
A155	TUBERCULOSIS OF LARYNX, TRACHEA AND BRONCHUS
A156	TUBERCULOUS PLEURISY
A157	PRIMARY RESPIRATORY TUBERCULOSIS

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
A158	OTHER RESPIRATORY TUBERCULOSIS
A159	RESPIRATORY TUBERCULOSIS UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
B20	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
B440	INVASIVE PULMONARY ASPERGILLOSIS
B441	OTHER PULMONARY ASPERGILLOSIS
B447	DISSEMINATED ASPERGILLOSIS
B449	ASPERGILLOSIS, UNSPECIFIED
B59	PNEUMOCYSTOSIS
C060	MALIGNANT NEOPLASM OF CHEEK MUCOSA
C061	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH
C062	MALIGNANT NEOPLASM OF RETROMOLAR AREA
C0680	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED PARTS OF MOUTH
C0689	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OTHER PARTS OF MOUTH
C069	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED
C07	MALIGNANT NEOPLASM OF PAROTID GLAND
C080	MALIGNANT NEOPLASM OF SUBMANDIBULAR GLAND
C081	MALIGNANT NEOPLASM OF SUBLINGUAL GLAND
C089	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED
C090	MALIGNANT NEOPLASM OF TONSILLAR FOSSA
C091	MALIGNANT NEOPLASM OF TONSILLAR PILLAR (ANTERIOR) (POSTERIOR)
C098	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL
C099	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED
C100	MALIGNANT NEOPLASM OF VALLECULA
C101	MALIGNANT NEOPLASM OF ANTERIOR SURFACE OF EPIGLOTTIS



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C102	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX
C103	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARYNX
C104	MALIGNANT NEOPLASM OF BRANCHIAL CLEFT
C108	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX
C109	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED
C110	MALIGNANT NEOPLASM OF SUPERIOR WALL OF NASOPHARYNX
C111	MALIGNANT NEOPLASM OF POSTERIOR WALL OF NASOPHARYNX
C112	MALIGNANT NEOPLASM OF LATERAL WALL OF NASOPHARYNX
C113	MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX
C118	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF NASOPHARYNX
C119	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED
C12	MALIGNANT NEOPLASM OF PYRIFORM SINUS
C130	MALIGNANT NEOPLASM OF POSTCRICOID REGION
C131	MALIGNANT NEOPLASM OF ARYEPIGLOTTIC FOLD, HYPOPHARYNGEAL ASPECT
C132	MALIGNANT NEOPLASM OF POSTERIOR WALL OF HYPOPHARYNX
C138	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF HYPOPHARYNX
C139	MALIGNANT NEOPLASM OF HYPOPHARYNX, UNSPECIFIED
C140	MALIGNANT NEOPLASM OF PHARYNX, UNSPECIFIED
C142	MALIGNANT NEOPLASM OF WALDEYER'S RING
C148	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP, ORAL CAVITY AND PHARYNX
C153	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS
C154	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS
C155	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS
C158	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPHAGUS
C159	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED
C160	MALIGNANT NEOPLASM OF CARDIA
C161	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH
C162	MALIGNANT NEOPLASM OF BODY OF STOMACH
C163	MALIGNANT NEOPLASM OF PYLORIC ANTRUM
C164	MALIGNANT NEOPLASM OF PYLORUS
C165	MALIGNANT NEOPLASM OF LESSER CURVATURE OF STOMACH, UNSPECIFIED
C166	MALIGNANT NEOPLASM OF GREATER CURVATURE OF STOMACH, UNSPECIFIED
C168	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH
C169	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C170	MALIGNANT NEOPLASM OF DUODENUM
C171	MALIGNANT NEOPLASM OF JEJUNUM
C172	MALIGNANT NEOPLASM OF ILEUM
C173	MECKEL'S DIVERTICULUM, MALIGNANT
C178	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SMALL INTESTINE
C179	MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED
C180	MALIGNANT NEOPLASM OF CECUM
C181	MALIGNANT NEOPLASM OF APPENDIX
C182	MALIGNANT NEOPLASM OF ASCENDING COLON
C183	MALIGNANT NEOPLASM OF HEPATIC FLEXURE
C184	MALIGNANT NEOPLASM OF TRANSVERSE COLON
C185	MALIGNANT NEOPLASM OF SPLENIC FLEXURE
C186	MALIGNANT NEOPLASM OF DESCENDING COLON
C187	MALIGNANT NEOPLASM OF SIGMOID COLON
C188	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON
C189	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED
C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
C20	MALIGNANT NEOPLASM OF RECTUM
C210	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED
C211	MALIGNANT NEOPLASM OF ANAL CANAL
C212	MALIGNANT NEOPLASM OF CLOACOGENIC ZONE
C218	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RECTUM, ANUS AND ANAL CANAL
C220	LIVER CELL CARCINOMA
C221	INTRAHEPATIC BILE DUCT CARCINOMA
C222	HEPATOBLASTOMA
C223	ANGIOSARCOMA OF LIVER
C224	OTHER SARCOMAS OF LIVER
C227	OTHER SPECIFIED CARCINOMAS OF LIVER
C228	MALIGNANT NEOPLASM OF LIVER, PRIMARY, UNSPECIFIED AS TO TYPE
C229	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY
C23	MALIGNANT NEOPLASM OF GALLBLADDER
C240	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT
C241	MALIGNANT NEOPLASM OF AMPULLA OF VATER
C248	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BILIARY TRACT

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C249	MALIGNANT NEOPLASM OF BILIARY TRACT, UNSPECIFIED
C250	MALIGNANT NEOPLASM OF HEAD OF PANCREAS
C251	MALIGNANT NEOPLASM OF BODY OF PANCREAS
C252	MALIGNANT NEOPLASM OF TAIL OF PANCREAS
C253	MALIGNANT NEOPLASM OF PANCREATIC DUCT
C254	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS
C257	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS
C258	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS
C259	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED
C260	MALIGNANT NEOPLASM OF INTESTINAL TRACT, PART UNSPECIFIED
C261	MALIGNANT NEOPLASM OF SPLEEN
C269	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE SYSTEM
C300	MALIGNANT NEOPLASM OF NASAL CAVITY
C301	MALIGNANT NEOPLASM OF MIDDLE EAR
C310	MALIGNANT NEOPLASM OF MAXILLARY SINUS
C311	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS
C312	MALIGNANT NEOPLASM OF FRONTAL SINUS
C313	MALIGNANT NEOPLASM OF SPHENOID SINUS
C318	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ACCESSORY SINUSES
C319	MALIGNANT NEOPLASM OF ACCESSORY SINUS, UNSPECIFIED
C320	MALIGNANT NEOPLASM OF GLOTTIS
C321	MALIGNANT NEOPLASM OF SUPRAGLOTTIS
C322	MALIGNANT NEOPLASM OF SUBGLOTTIS
C323	MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGE
C328	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LARYNX
C329	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED
C33	MALIGNANT NEOPLASM OF TRACHEA
C3400	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS
C3401	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS
C3402	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS
C3410	MALIGNANT NEOPLASM OF UPPER LOBE, UNSPECIFIED BRONCHUS OR LUNG
C3411	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG
C3412	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG
C342	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C3430	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG
C3431	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG
C3432	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG
C3480	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG
C3481	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG
C3482	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT BRONCHUS AND LUNG
C3490	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG
C3491	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG
C3492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG
C37	MALIGNANT NEOPLASM OF THYMUS
C380	MALIGNANT NEOPLASM OF HEART
C381	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM
C382	MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM
C383	MALIGNANT NEOPLASM OF MEDIASTINUM, PART UNSPECIFIED
C384	MALIGNANT NEOPLASM OF PLEURA
C388	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF HEART, MEDIASTINUM AND PLEURA
C390	MALIGNANT NEOPLASM OF UPPER RESPIRATORY TRACT, PART UNSPECIFIED
C399	MALIGNANT NEOPLASM OF LOWER RESPIRATORY TRACT, PART UNSPECIFIED
C4000	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF UNSPECIFIED UPPER LIMB
C4001	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF RIGHT UPPER LIMB
C4002	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF LEFT UPPER LIMB
C4010	MALIGNANT NEOPLASM OF SHORT BONES OF UNSPECIFIED UPPER LIMB
C4011	MALIGNANT NEOPLASM OF SHORT BONES OF RIGHT UPPER LIMB
C4012	MALIGNANT NEOPLASM OF SHORT BONES OF LEFT UPPER LIMB
C4020	MALIGNANT NEOPLASM OF LONG BONES OF UNSPECIFIED LOWER LIMB
C4021	MALIGNANT NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C4022	MALIGNANT NEOPLASM OF LONG BONES OF LEFT LOWER LIMB
C4030	MALIGNANT NEOPLASM OF SHORT BONES OF UNSPECIFIED LOWER LIMB
C4031	MALIGNANT NEOPLASM OF SHORT BONES OF RIGHT LOWER LIMB
C4032	MALIGNANT NEOPLASM OF SHORT BONES OF LEFT LOWER LIMB
C4080	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF UNSPECIFIED LIMB
C4081	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF RIGHT LIMB
C4082	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF LEFT LIMB
C4090	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF UNSPECIFIED LIMB
C4091	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF RIGHT LIMB
C4092	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF LEFT LIMB
C410	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE
C411	MALIGNANT NEOPLASM OF MANDIBLE
C412	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN
C413	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE
C414	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX
C419	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED
C430	MALIGNANT MELANOMA OF LIP
C4310	MALIGNANT MELANOMA OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C4311	MALIGNANT MELANOMA OF RIGHT EYELID, INCLUDING CANTHUS
C4312	MALIGNANT MELANOMA OF LEFT EYELID, INCLUDING CANTHUS
C4320	MALIGNANT MELANOMA OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C4321	MALIGNANT MELANOMA OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C4322	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C4330	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE
C4331	MALIGNANT MELANOMA OF NOSE
C4339	MALIGNANT MELANOMA OF OTHER PARTS OF FACE
C434	MALIGNANT MELANOMA OF SCALP AND NECK
C4351	MALIGNANT MELANOMA OF ANAL SKIN
C4352	MALIGNANT MELANOMA OF SKIN OF BREAST

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C4359	MALIGNANT MELANOMA OF OTHER PART OF TRUNK
C4360	MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4361	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4362	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4370	MALIGNANT MELANOMA OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4371	MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP
C4372	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP
C438	MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN
C439	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED
C450	MESOTHELIOMA OF PLEURA
C451	MESOTHELIOMA OF PERITONEUM
C452	MESOTHELIOMA OF PERICARDIUM
C457	MESOTHELIOMA OF OTHER SITES
C459	MESOTHELIOMA, UNSPECIFIED
C460	KAPOSI'S SARCOMA OF SKIN
C461	KAPOSI'S SARCOMA OF SOFT TISSUE
C462	KAPOSI'S SARCOMA OF PALATE
C463	KAPOSI'S SARCOMA OF LYMPH NODES
C464	KAPOSI'S SARCOMA OF GASTROINTESTINAL SITES
C4650	KAPOSI'S SARCOMA OF UNSPECIFIED LUNG
C4651	KAPOSI'S SARCOMA OF RIGHT LUNG
C4652	KAPOSI'S SARCOMA OF LEFT LUNG
C467	KAPOSI'S SARCOMA OF OTHER SITES
C469	KAPOSI'S SARCOMA, UNSPECIFIED
C470	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF HEAD, FACE AND NECK
C4710	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4711	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4712	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4720	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4721	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF RIGHT LOWER LIMB, INCLUDING HIP

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C4722	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF LEFT LOWER LIMB, INCLUDING HIP
C473	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF THORAX
C474	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF ABDOMEN
C475	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF PELVIS
C476	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF TRUNK, UNSPECIFIED
C478	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM
C479	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED
C480	MALIGNANT NEOPLASM OF RETROPERITONEUM
C481	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
C482	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED
C488	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RETROPERITONEUM AND PERITONEUM
C490	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF HEAD, FACE AND NECK
C4910	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4911	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4912	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4920	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4921	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP
C4922	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF LEFT LOWER LIMB, INCLUDING HIP
C493	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF THORAX
C494	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN
C495	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF PELVIS
C496	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF TRUNK, UNSPECIFIED
C498	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CONNECTIVE AND SOFT TISSUE
C499	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED
C50011	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C50012	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST
C50019	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED FEMALE BREAST
C50021	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT MALE BREAST
C50022	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST
C50029	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED MALE BREAST
C50111	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST
C50112	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST
C50119	MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED FEMALE BREAST
C50121	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST
C50122	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST
C50129	MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED MALE BREAST
C50211	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST
C50212	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST
C50219	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50221	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT MALE BREAST
C50222	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT MALE BREAST
C50229	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED MALE BREAST
C50311	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST
C50312	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST
C50319	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50321	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT MALE BREAST
C50322	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT MALE BREAST



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C50329	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED MALE BREAST
C50411	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST
C50412	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST
C50419	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50421	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT MALE BREAST
C50422	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT MALE BREAST
C50429	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST
C50511	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST
C50512	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST
C50519	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50521	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT MALE BREAST
C50522	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT MALE BREAST
C50529	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST
C50611	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT FEMALE BREAST
C50612	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST
C50619	MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED FEMALE BREAST
C50621	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT MALE BREAST
C50622	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT MALE BREAST
C50629	MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED MALE BREAST
C50811	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST
C50812	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST
C50819	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST
C50821	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT MALE BREAST

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C50822	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT MALE BREAST
C50829	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED MALE BREAST
C50911	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST
C50912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST
C50919	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST
C50921	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT MALE BREAST
C50922	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT MALE BREAST
C50929	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED MALE BREAST
C510	MALIGNANT NEOPLASM OF LABIUM MAJUS
C511	MALIGNANT NEOPLASM OF LABIUM MINUS
C512	MALIGNANT NEOPLASM OF CLITORIS
C518	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA
C519	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED
C52	MALIGNANT NEOPLASM OF VAGINA
C530	MALIGNANT NEOPLASM OF ENDOCERVIX
C531	MALIGNANT NEOPLASM OF EXOCERVIX
C538	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI
C539	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED
C540	MALIGNANT NEOPLASM OF ISTHMUS UTERI
C541	MALIGNANT NEOPLASM OF ENDOMETRIUM
C542	MALIGNANT NEOPLASM OF MYOMETRIUM
C543	MALIGNANT NEOPLASM OF FUNDUS UTERI
C548	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI
C549	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED
C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED
C561	MALIGNANT NEOPLASM OF RIGHT OVARY
C562	MALIGNANT NEOPLASM OF LEFT OVARY
C569	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY
C5700	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE
C5701	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE
C5702	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C5710	MALIGNANT NEOPLASM OF UNSPECIFIED BROAD LIGAMENT
C5711	MALIGNANT NEOPLASM OF RIGHT BROAD LIGAMENT
C5712	MALIGNANT NEOPLASM OF LEFT BROAD LIGAMENT
C5720	MALIGNANT NEOPLASM OF UNSPECIFIED ROUND LIGAMENT
C5721	MALIGNANT NEOPLASM OF RIGHT ROUND LIGAMENT
C5722	MALIGNANT NEOPLASM OF LEFT ROUND LIGAMENT
C573	MALIGNANT NEOPLASM OF PARAMETRIUM
C574	MALIGNANT NEOPLASM OF UTERINE ADNEXA, UNSPECIFIED
C577	MALIGNANT NEOPLASM OF OTHER SPECIFIED FEMALE GENITAL ORGANS
C578	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FEMALE GENITAL ORGANS
C579	MALIGNANT NEOPLASM OF FEMALE GENITAL ORGAN, UNSPECIFIED
C58	MALIGNANT NEOPLASM OF PLACENTA
C600	MALIGNANT NEOPLASM OF PREPUCE
C601	MALIGNANT NEOPLASM OF GLANS PENIS
C602	MALIGNANT NEOPLASM OF BODY OF PENIS
C608	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PENIS
C609	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED
C61	MALIGNANT NEOPLASM OF PROSTATE
C6200	MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS
C6201	MALIGNANT NEOPLASM OF UNDESCENDED RIGHT TESTIS
C6202	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS
C6210	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS
C6211	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS
C6212	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS
C6290	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6291	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6292	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6300	MALIGNANT NEOPLASM OF UNSPECIFIED EPIDIDYMIS
C6301	MALIGNANT NEOPLASM OF RIGHT EPIDIDYMIS
C6302	MALIGNANT NEOPLASM OF LEFT EPIDIDYMIS
C6310	MALIGNANT NEOPLASM OF UNSPECIFIED SPERMATIC CORD
C6311	MALIGNANT NEOPLASM OF RIGHT SPERMATIC CORD
C6312	MALIGNANT NEOPLASM OF LEFT SPERMATIC CORD

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C632	MALIGNANT NEOPLASM OF SCROTUM
C637	MALIGNANT NEOPLASM OF OTHER SPECIFIED MALE GENITAL ORGANS
C638	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF MALE GENITAL ORGANS
C639	MALIGNANT NEOPLASM OF MALE GENITAL ORGAN, UNSPECIFIED
C641	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS
C642	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS
C649	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS
C651	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS
C652	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS
C659	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS
C661	MALIGNANT NEOPLASM OF RIGHT URETER
C662	MALIGNANT NEOPLASM OF LEFT URETER
C669	MALIGNANT NEOPLASM OF UNSPECIFIED URETER
C670	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER
C671	MALIGNANT NEOPLASM OF DOME OF BLADDER
C672	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER
C673	MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER
C674	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER
C675	MALIGNANT NEOPLASM OF BLADDER NECK
C676	MALIGNANT NEOPLASM OF URETERIC ORIFICE
C677	MALIGNANT NEOPLASM OF URACHUS
C678	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER
C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED
C680	MALIGNANT NEOPLASM OF URETHRA
C681	MALIGNANT NEOPLASM OF PARAURETHRAL GLANDS
C688	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF URINARY ORGANS
C689	MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED
C6900	MALIGNANT NEOPLASM OF UNSPECIFIED CONJUNCTIVA
C6901	MALIGNANT NEOPLASM OF RIGHT CONJUNCTIVA
C6902	MALIGNANT NEOPLASM OF LEFT CONJUNCTIVA
C6910	MALIGNANT NEOPLASM OF UNSPECIFIED CORNEA
C6911	MALIGNANT NEOPLASM OF RIGHT CORNEA
C6912	MALIGNANT NEOPLASM OF LEFT CORNEA
C6920	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C6921	MALIGNANT NEOPLASM OF RIGHT RETINA
C6922	MALIGNANT NEOPLASM OF LEFT RETINA
C6930	MALIGNANT NEOPLASM OF UNSPECIFIED CHOROID
C6931	MALIGNANT NEOPLASM OF RIGHT CHOROID
C6932	MALIGNANT NEOPLASM OF LEFT CHOROID
C6940	MALIGNANT NEOPLASM OF UNSPECIFIED CILIARY BODY
C6941	MALIGNANT NEOPLASM OF RIGHT CILIARY BODY
C6942	MALIGNANT NEOPLASM OF LEFT CILIARY BODY
C6950	MALIGNANT NEOPLASM OF UNSPECIFIED LACRIMAL GLAND AND DUCT
C6951	MALIGNANT NEOPLASM OF RIGHT LACRIMAL GLAND AND DUCT
C6952	MALIGNANT NEOPLASM OF LEFT LACRIMAL GLAND AND DUCT
C6960	MALIGNANT NEOPLASM OF UNSPECIFIED ORBIT
C6961	MALIGNANT NEOPLASM OF RIGHT ORBIT
C6962	MALIGNANT NEOPLASM OF LEFT ORBIT
C6980	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED EYE AND ADNEXA
C6981	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT EYE AND ADNEXA
C6982	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT EYE AND ADNEXA
C6990	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED EYE
C6991	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT EYE
C6992	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT EYE
C700	MALIGNANT NEOPLASM OF CEREBRAL MENINGES
C701	MALIGNANT NEOPLASM OF SPINAL MENINGES
C709	MALIGNANT NEOPLASM OF MENINGES, UNSPECIFIED
C710	MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES
C711	MALIGNANT NEOPLASM OF FRONTAL LOBE
C712	MALIGNANT NEOPLASM OF TEMPORAL LOBE
C713	MALIGNANT NEOPLASM OF PARIETAL LOBE
C714	MALIGNANT NEOPLASM OF OCCIPITAL LOBE
C715	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE
C716	MALIGNANT NEOPLASM OF CEREBELLUM
C717	MALIGNANT NEOPLASM OF BRAIN STEM
C718	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN
C719	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C720	MALIGNANT NEOPLASM OF SPINAL CORD
C721	MALIGNANT NEOPLASM OF CAUDA EQUINA
C7220	MALIGNANT NEOPLASM OF UNSPECIFIED OLFACTORY NERVE
C7221	MALIGNANT NEOPLASM OF RIGHT OLFACTORY NERVE
C7222	MALIGNANT NEOPLASM OF LEFT OLFACTORY NERVE
C7230	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE
C7231	MALIGNANT NEOPLASM OF RIGHT OPTIC NERVE
C7232	MALIGNANT NEOPLASM OF LEFT OPTIC NERVE
C7240	MALIGNANT NEOPLASM OF UNSPECIFIED ACOUSTIC NERVE
C7241	MALIGNANT NEOPLASM OF RIGHT ACOUSTIC NERVE
C7242	MALIGNANT NEOPLASM OF LEFT ACOUSTIC NERVE
C7250	MALIGNANT NEOPLASM OF UNSPECIFIED CRANIAL NERVE
C7259	MALIGNANT NEOPLASM OF OTHER CRANIAL NERVES
C729	MALIGNANT NEOPLASM OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED
C73	MALIGNANT NEOPLASM OF THYROID GLAND
C7400	MALIGNANT NEOPLASM OF CORTEX OF UNSPECIFIED ADRENAL GLAND
C7401	MALIGNANT NEOPLASM OF CORTEX OF RIGHT ADRENAL GLAND
C7402	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND
C7410	MALIGNANT NEOPLASM OF MEDULLA OF UNSPECIFIED ADRENAL GLAND
C7411	MALIGNANT NEOPLASM OF MEDULLA OF RIGHT ADRENAL GLAND
C7412	MALIGNANT NEOPLASM OF MEDULLA OF LEFT ADRENAL GLAND
C7490	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND
C7491	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT ADRENAL GLAND
C7492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT ADRENAL GLAND
C750	MALIGNANT NEOPLASM OF PARATHYROID GLAND
C751	MALIGNANT NEOPLASM OF PITUITARY GLAND
C752	MALIGNANT NEOPLASM OF CRANIOPHARYNGEAL DUCT
C753	MALIGNANT NEOPLASM OF PINEAL GLAND
C754	MALIGNANT NEOPLASM OF CAROTID BODY
C755	MALIGNANT NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
C758	MALIGNANT NEOPLASM WITH PLURIGLANDULAR INVOLVEMENT, UNSPECIFIED

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C759	MALIGNANT NEOPLASM OF ENDOCRINE GLAND, UNSPECIFIED
C760	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK
C761	MALIGNANT NEOPLASM OF THORAX
C762	MALIGNANT NEOPLASM OF ABDOMEN
C763	MALIGNANT NEOPLASM OF PELVIS
C7640	MALIGNANT NEOPLASM OF UNSPECIFIED UPPER LIMB
C7641	MALIGNANT NEOPLASM OF RIGHT UPPER LIMB
C7642	MALIGNANT NEOPLASM OF LEFT UPPER LIMB
C7650	MALIGNANT NEOPLASM OF UNSPECIFIED LOWER LIMB
C7651	MALIGNANT NEOPLASM OF RIGHT LOWER LIMB
C7652	MALIGNANT NEOPLASM OF LEFT LOWER LIMB
C768	MALIGNANT NEOPLASM OF OTHER SPECIFIED ILL-DEFINED SITES
C770	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK
C771	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRATHORACIC LYMPH NODES
C772	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES
C773	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES
C774	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES
C775	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRAPELVIC LYMPH NODES
C778	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS
C779	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED
C7800	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG
C7801	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG
C7802	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG
C781	SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM
C782	SECONDARY MALIGNANT NEOPLASM OF PLEURA
C7830	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED RESPIRATORY ORGAN
C7839	SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS
C784	SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE
C785	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C786	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
C787	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT
C7880	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED DIGESTIVE ORGAN
C7889	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS
C7900	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY AND RENAL PELVIS
C7901	SECONDARY MALIGNANT NEOPLASM OF RIGHT KIDNEY AND RENAL PELVIS
C7902	SECONDARY MALIGNANT NEOPLASM OF LEFT KIDNEY AND RENAL PELVIS
C7910	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS
C7911	SECONDARY MALIGNANT NEOPLASM OF BLADDER
C7919	SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
C792	SECONDARY MALIGNANT NEOPLASM OF SKIN
C7931	SECONDARY MALIGNANT NEOPLASM OF BRAIN
C7932	SECONDARY MALIGNANT NEOPLASM OF CEREBRAL MENINGES
C7940	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED PART OF NERVOUS SYSTEM
C7949	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM
C7951	SECONDARY MALIGNANT NEOPLASM OF BONE
C7952	SECONDARY MALIGNANT NEOPLASM OF BONE MARROW
C7960	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED OVARY
C7961	SECONDARY MALIGNANT NEOPLASM OF RIGHT OVARY
C7962	SECONDARY MALIGNANT NEOPLASM OF LEFT OVARY
C7970	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED ADRENAL GLAND
C7971	SECONDARY MALIGNANT NEOPLASM OF RIGHT ADRENAL GLAND
C7972	SECONDARY MALIGNANT NEOPLASM OF LEFT ADRENAL GLAND
C7981	SECONDARY MALIGNANT NEOPLASM OF BREAST
C7982	SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS
C7989	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
C799	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE
C800	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED
C801	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED
C802	MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANTED ORGAN



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8100	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8101	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8102	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8103	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8104	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8105	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8106	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8107	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, SPLEEN
C8108	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8109	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8110	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8111	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8112	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8113	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8114	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8115	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8116	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8117	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8118	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8119	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8120	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8121	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8122	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8123	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8124	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8125	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8126	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8127	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8128	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8129	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8130	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8131	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8132	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8133	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8134	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8135	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8136	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8137	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8138	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8139	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8140	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8141	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8142	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8143	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8144	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8145	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8146	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8147	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8148	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8149	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8170	OTHER CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8171	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8172	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8173	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8174	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8175	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8176	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8177	OTHER CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8178	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8179	OTHER CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8190	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8191	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8192	HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8193	HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8194	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8195	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8196	HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8197	HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN
C8198	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8199	HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8200	FOLLICULAR LYMPHOMA GRADE I, UNSPECIFIED SITE

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8201	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF HEAD, FACE, AND NECK
C8202	FOLLICULAR LYMPHOMA GRADE I, INTRATHORACIC LYMPH NODES
C8203	FOLLICULAR LYMPHOMA GRADE I, INTRA-ABDOMINAL LYMPH NODES
C8204	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF AXILLA AND UPPER LIMB
C8205	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8206	FOLLICULAR LYMPHOMA GRADE I, INTRAPELVIC LYMPH NODES
C8207	FOLLICULAR LYMPHOMA GRADE I, SPLEEN
C8208	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF MULTIPLE SITES
C8209	FOLLICULAR LYMPHOMA GRADE I, EXTRANODAL AND SOLID ORGAN SITES
C8210	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE
C8211	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK
C8212	FOLLICULAR LYMPHOMA GRADE II, INTRATHORACIC LYMPH NODES
C8213	FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES
C8214	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF AXILLA AND UPPER LIMB
C8215	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8216	FOLLICULAR LYMPHOMA GRADE II, INTRAPELVIC LYMPH NODES
C8217	FOLLICULAR LYMPHOMA GRADE II, SPLEEN
C8218	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES
C8219	FOLLICULAR LYMPHOMA GRADE II, EXTRANODAL AND SOLID ORGAN SITES
C8220	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, UNSPECIFIED SITE
C8221	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8222	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8223	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8224	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8225	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8226	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8227	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, SPLEEN
C8228	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8229	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8230	FOLLICULAR LYMPHOMA GRADE IIIA, UNSPECIFIED SITE
C8231	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF HEAD, FACE, AND NECK
C8232	FOLLICULAR LYMPHOMA GRADE IIIA, INTRATHORACIC LYMPH NODES
C8233	FOLLICULAR LYMPHOMA GRADE IIIA, INTRA-ABDOMINAL LYMPH NODES
C8234	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8235	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8236	FOLLICULAR LYMPHOMA GRADE IIIA, INTRAPELVIC LYMPH NODES
C8237	FOLLICULAR LYMPHOMA GRADE IIIA, SPLEEN
C8238	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF MULTIPLE SITES
C8239	FOLLICULAR LYMPHOMA GRADE IIIA, EXTRANODAL AND SOLID ORGAN SITES
C8240	FOLLICULAR LYMPHOMA GRADE IIIB, UNSPECIFIED SITE
C8241	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK
C8242	FOLLICULAR LYMPHOMA GRADE IIIB, INTRATHORACIC LYMPH NODES
C8243	FOLLICULAR LYMPHOMA GRADE IIIB, INTRA-ABDOMINAL LYMPH NODES
C8244	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF AXILLA AND UPPER LIMB
C8245	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8246	FOLLICULAR LYMPHOMA GRADE IIIB, INTRAPELVIC LYMPH NODES
C8247	FOLLICULAR LYMPHOMA GRADE IIIB, SPLEEN
C8248	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF MULTIPLE SITES
C8249	FOLLICULAR LYMPHOMA GRADE IIIB, EXTRANODAL AND SOLID ORGAN SITES
C8250	DIFFUSE FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8251	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8252	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES
C8253	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8254	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8255	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8256	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRAPELVIC LYMPH NODES
C8257	DIFFUSE FOLLICLE CENTER LYMPHOMA, SPLEEN
C8258	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8259	DIFFUSE FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8260	CUTANEOUS FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE
C8261	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8262	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES
C8263	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8264	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8265	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8266	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRAPELVIC LYMPH NODES
C8267	CUTANEOUS FOLLICLE CENTER LYMPHOMA, SPLEEN
C8268	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8269	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8280	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE
C8281	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8282	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH NODES
C8283	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8284	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8285	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8286	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES
C8287	OTHER TYPES OF FOLLICULAR LYMPHOMA, SPLEEN
C8288	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8289	OTHER TYPES OF FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8290	FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8291	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8292	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8293	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8294	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8295	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8296	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8297	FOLLICULAR LYMPHOMA, UNSPECIFIED, SPLEEN
C8298	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8299	FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8300	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE
C8301	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8302	SMALL CELL B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8303	SMALL CELL B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8304	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8305	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8306	SMALL CELL B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8307	SMALL CELL B-CELL LYMPHOMA, SPLEEN
C8308	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8309	SMALL CELL B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8310	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8311	MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8312	MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8313	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8314	MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8315	MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8316	MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8317	MANTLE CELL LYMPHOMA, SPLEEN
C8318	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8319	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8330	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE
C8331	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8332	DIFFUSE LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8333	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8334	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8335	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8336	DIFFUSE LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8337	DIFFUSE LARGE B-CELL LYMPHOMA, SPLEEN
C8338	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8339	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8350	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, UNSPECIFIED SITE
C8351	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8352	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRATHORACIC LYMPH NODES
C8353	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8354	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8355	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8356	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRAPELVIC LYMPH NODES
C8357	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, SPLEEN



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8358	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8359	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8370	BURKITT LYMPHOMA, UNSPECIFIED SITE
C8371	BURKITT LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8372	BURKITT LYMPHOMA, INTRATHORACIC LYMPH NODES
C8373	BURKITT LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8374	BURKITT LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8375	BURKITT LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8376	BURKITT LYMPHOMA, INTRAPELVIC LYMPH NODES
C8377	BURKITT LYMPHOMA, SPLEEN
C8378	BURKITT LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8379	BURKITT LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8380	OTHER NON-FOLLICULAR LYMPHOMA, UNSPECIFIED SITE
C8381	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8382	OTHER NON-FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH NODES
C8383	OTHER NON-FOLLICULAR LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8384	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8385	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8386	OTHER NON-FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES
C8387	OTHER NON-FOLLICULAR LYMPHOMA, SPLEEN
C8388	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8389	OTHER NON-FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8390	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8391	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8392	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8393	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8394	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8395	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8396	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8397	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, SPLEEN
C8398	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8399	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8400	MYCOSIS FUNGOIDES, UNSPECIFIED SITE
C8401	MYCOSIS FUNGOIDES, LYMPH NODES OF HEAD, FACE, AND NECK
C8402	MYCOSIS FUNGOIDES, INTRATHORACIC LYMPH NODES
C8403	MYCOSIS FUNGOIDES, INTRA-ABDOMINAL LYMPH NODES
C8404	MYCOSIS FUNGOIDES, LYMPH NODES OF AXILLA AND UPPER LIMB
C8405	MYCOSIS FUNGOIDES, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8406	MYCOSIS FUNGOIDES, INTRAPELVIC LYMPH NODES
C8407	MYCOSIS FUNGOIDES, SPLEEN
C8408	MYCOSIS FUNGOIDES, LYMPH NODES OF MULTIPLE SITES
C8409	MYCOSIS FUNGOIDES, EXTRANODAL AND SOLID ORGAN SITES
C8410	SEZARY DISEASE, UNSPECIFIED SITE
C8411	SEZARY DISEASE, LYMPH NODES OF HEAD, FACE, AND NECK
C8412	SEZARY DISEASE, INTRATHORACIC LYMPH NODES
C8413	SEZARY DISEASE, INTRA-ABDOMINAL LYMPH NODES
C8414	SEZARY DISEASE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8415	SEZARY DISEASE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8416	SEZARY DISEASE, INTRAPELVIC LYMPH NODES
C8417	SEZARY DISEASE, SPLEEN
C8418	SEZARY DISEASE, LYMPH NODES OF MULTIPLE SITES
C8419	SEZARY DISEASE, EXTRANODAL AND SOLID ORGAN SITES
C8440	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE
C8441	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8442	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRATHORACIC LYMPH NODES
C8443	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRA-ABDOMINAL LYMPH NODES
C8444	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8445	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8446	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRAPELVIC LYMPH NODES
C8447	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, SPLEEN
C8448	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES
C8449	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8460	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, UNSPECIFIED SITE
C8461	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF HEAD, FACE, AND NECK
C8462	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRATHORACIC LYMPH NODES
C8463	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRA-ABDOMINAL LYMPH NODES
C8464	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8465	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8466	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRAPELVIC LYMPH NODES
C8467	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, SPLEEN
C8468	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF MULTIPLE SITES
C8469	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, EXTRANODAL AND SOLID ORGAN SITES
C8470	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, UNSPECIFIED SITE
C8471	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF HEAD, FACE, AND NECK
C8472	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRATHORACIC LYMPH NODES
C8473	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRA-ABDOMINAL LYMPH NODES
C8474	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8475	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8476	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRAPELVIC LYMPH NODES
C8477	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, SPLEEN

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8478	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF MULTIPLE SITES
C8479	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, EXTRANODAL AND SOLID ORGAN SITES
C8490	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, UNSPECIFIED SITE
C8491	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8492	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8493	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8494	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8495	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8496	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8497	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, SPLEEN
C8498	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8499	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C84A0	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C84A1	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED LYMPH NODES OF HEAD, FACE, AND NECK
C84A2	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C84A3	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C84A4	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C84A5	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C84A6	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C84A7	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, SPLEEN
C84A8	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C84A9	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C84Z0	OTHER MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED SITE
C84Z1	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF HEAD, FACE, AND NECK

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C84Z2	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRATHORACIC LYMPH NODES
C84Z3	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRA-ABDOMINAL LYMPH NODES
C84Z4	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF AXILLA AND UPPER LIMB
C84Z5	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C84Z6	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRAPELVIC LYMPH NODES
C84Z7	OTHER MATURE T/NK-CELL LYMPHOMAS, SPLEEN
C84Z8	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF MULTIPLE SITES
C84Z9	OTHER MATURE T/NK-CELL LYMPHOMAS, EXTRANODAL AND SOLID ORGAN SITES
C8510	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE
C8511	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8512	UNSPECIFIED B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8513	UNSPECIFIED B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8514	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8515	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8516	UNSPECIFIED B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8517	UNSPECIFIED B-CELL LYMPHOMA, SPLEEN
C8518	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8519	UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8520	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE
C8521	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8522	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8523	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8524	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8525	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C8526	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8527	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, SPLEEN
C8528	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8529	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8580	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8581	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8582	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8583	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8584	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8585	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8586	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8587	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, SPLEEN
C8588	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8589	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8590	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8591	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8592	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8593	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8594	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8595	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8596	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8597	NON-HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN
C8598	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8599	NON-HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C860	EXTRANODAL NK/T-CELL LYMPHOMA, NASAL TYPE
C861	HEPATOSPLENIC T-CELL LYMPHOMA
C862	ENTEROPATHY-TYPE (INTESTINAL) T-CELL LYMPHOMA
C863	SUBCUTANEOUS PANNICULITIS-LIKE T-CELL LYMPHOMA
C864	BLASTIC NK-CELL LYMPHOMA
C865	ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA
C866	PRIMARY CUTANEOUS CD30-POSITIVE T-CELL PROLIFERATIONS
C882	HEAVY CHAIN DISEASE
C883	IMMUNOPROLIFERATIVE SMALL INTESTINAL DISEASE
C884	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE [MALT-LYMPHOMA]
C888	OTHER MALIGNANT IMMUNOPROLIFERATIVE DISEASES
C889	MALIGNANT IMMUNOPROLIFERATIVE DISEASE, UNSPECIFIED
C9000	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION
C9001	MULTIPLE MYELOMA IN REMISSION
C9002	MULTIPLE MYELOMA IN RELAPSE
C9010	PLASMA CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9011	PLASMA CELL LEUKEMIA IN REMISSION
C9012	PLASMA CELL LEUKEMIA IN RELAPSE
C9020	EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION
C9021	EXTRAMEDULLARY PLASMACYTOMA IN REMISSION
C9022	EXTRAMEDULLARY PLASMACYTOMA IN RELAPSE
C9030	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION
C9031	SOLITARY PLASMACYTOMA IN REMISSION
C9032	SOLITARY PLASMACYTOMA IN RELAPSE
C9100	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9101	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION
C9102	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE
C9110	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9111	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION
C9112	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE
C9130	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9131	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN REMISSION
C9132	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN RELAPSE



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C9140	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9141	HAIRY CELL LEUKEMIA, IN REMISSION
C9142	HAIRY CELL LEUKEMIA, IN RELAPSE
C9150	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED) NOT HAVING ACHIEVED REMISSION
C9151	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN REMISSION
C9152	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN RELAPSE
C9160	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9161	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN REMISSION
C9162	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN RELAPSE
C9190	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION
C9191	LYMPHOID LEUKEMIA, UNSPECIFIED, IN REMISSION
C9192	LYMPHOID LEUKEMIA, UNSPECIFIED, IN RELAPSE
C91A0	MATURE B-CELL LEUKEMIA BURKITT-TYPE NOT HAVING ACHIEVED REMISSION
C91A1	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION
C91A2	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN RELAPSE
C91Z0	OTHER LYMPHOID LEUKEMIA NOT HAVING ACHIEVED REMISSION
C91Z1	OTHER LYMPHOID LEUKEMIA, IN REMISSION
C91Z2	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
C9200	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9201	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION
C9202	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE
C9210	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, NOT HAVING ACHIEVED REMISSION
C9211	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION
C9212	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN RELAPSE
C9220	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, NOT HAVING ACHIEVED REMISSION
C9221	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN REMISSION
C9222	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN RELAPSE
C9230	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION
C9231	MYELOID SARCOMA, IN REMISSION
C9232	MYELOID SARCOMA, IN RELAPSE



<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C9240	ACUTE PROMYELOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9241	ACUTE PROMYELOCYTIC LEUKEMIA, IN REMISSION
C9242	ACUTE PROMYELOCYTIC LEUKEMIA, IN RELAPSE
C9250	ACUTE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9251	ACUTE MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9252	ACUTE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9260	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY NOT HAVING ACHIEVED REMISSION
C9261	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN REMISSION
C9262	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN RELAPSE
C9290	MYELOID LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION
C9291	MYELOID LEUKEMIA, UNSPECIFIED IN REMISSION
C9292	MYELOID LEUKEMIA, UNSPECIFIED IN RELAPSE
C92A0	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, NOT HAVING ACHIEVED REMISSION
C92A1	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN REMISSION
C92A2	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN RELAPSE
C92Z0	OTHER MYELOID LEUKEMIA NOT HAVING ACHIEVED REMISSION
C92Z1	OTHER MYELOID LEUKEMIA, IN REMISSION
C92Z2	OTHER MYELOID LEUKEMIA, IN RELAPSE
C9300	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9301	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN REMISSION
C9302	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN RELAPSE
C9310	CHRONIC MYELOMONOCYTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9311	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9312	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9330	JUVENILE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9331	JUVENILE MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9332	JUVENILE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9390	MONOCYTIC LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION
C9391	MONOCYTIC LEUKEMIA, UNSPECIFIED IN REMISSION

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C9392	MONOCYTIC LEUKEMIA, UNSPECIFIED IN RELAPSE
C93Z0	OTHER MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C93Z1	OTHER MONOCYTIC LEUKEMIA, IN REMISSION
C93Z2	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
C9400	ACUTE ERYTHROID LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9401	ACUTE ERYTHROID LEUKEMIA, IN REMISSION
C9402	ACUTE ERYTHROID LEUKEMIA, IN RELAPSE
C9420	ACUTE MEGAKARYOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9421	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN REMISSION
C9422	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN RELAPSE
C9430	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9431	MAST CELL LEUKEMIA, IN REMISSION
C9432	MAST CELL LEUKEMIA, IN RELAPSE
C9480	OTHER SPECIFIED LEUKEMIAS NOT HAVING ACHIEVED REMISSION
C9481	OTHER SPECIFIED LEUKEMIAS, IN REMISSION
C9482	OTHER SPECIFIED LEUKEMIAS, IN RELAPSE
C9500	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION
C9501	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION
C9502	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
C9510	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION
C9511	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION
C9512	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
C9590	LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION
C9591	LEUKEMIA, UNSPECIFIED, IN REMISSION
C9592	LEUKEMIA, UNSPECIFIED, IN RELAPSE
C960	MULTIFOCAL AND MULTISYSTEMIC (DISSEMINATED) LANGERHANS-CELL HISTIOCYTOSIS
C962	MALIGNANT MAST CELL TUMOR
C964	SARCOMA OF DENDRITIC CELLS (ACCESSORY CELLS)
C969	MALIGNANT NEOPLASM OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE, UNSPECIFIED
C96A	HISTIOCYTIC SARCOMA
C96Z	OTHER SPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE
D030	MELANOMA IN SITU OF LIP
D0310	MELANOMA IN SITU OF UNSPECIFIED EYELID, INCLUDING CANTHUS

<b>Clinically isolated syndrome, malignancy, HIV infection or active chronic infection</b>	
<b>ICD-10 Code</b>	<b>Description</b>
D0311	MELANOMA IN SITU OF RIGHT EYELID, INCLUDING CANTHUS
D0312	MELANOMA IN SITU OF LEFT EYELID, INCLUDING CANTHUS
D0320	MELANOMA IN SITU OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
D0321	MELANOMA IN SITU OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
D0322	MELANOMA IN SITU OF LEFT EAR AND EXTERNAL AURICULAR CANAL
D0330	MELANOMA IN SITU OF UNSPECIFIED PART OF FACE
D0339	MELANOMA IN SITU OF OTHER PARTS OF FACE
D034	MELANOMA IN SITU OF SCALP AND NECK
D0351	MELANOMA IN SITU OF ANAL SKIN
D0352	MELANOMA IN SITU OF BREAST (SKIN) (SOFT TISSUE)
D0359	MELANOMA IN SITU OF OTHER PART OF TRUNK
D0360	MELANOMA IN SITU OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
D0361	MELANOMA IN SITU OF RIGHT UPPER LIMB, INCLUDING SHOULDER
D0362	MELANOMA IN SITU OF LEFT UPPER LIMB, INCLUDING SHOULDER
D0370	MELANOMA IN SITU OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
D0371	MELANOMA IN SITU OF RIGHT LOWER LIMB, INCLUDING HIP
D0372	MELANOMA IN SITU OF LEFT LOWER LIMB, INCLUDING HIP
D038	MELANOMA IN SITU OF OTHER SITES
D039	MELANOMA IN SITU, UNSPECIFIED
G369	ACUTE DISSEMINATED DEMYELINATION, UNSPECIFIED
G378	OTHER SPECIFIED DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
G379	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED

<b>MI, unstable angina, stroke, TIA or HF</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G458	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED
I200	UNSTABLE ANGINA
I209	ANGINA PECTORIS, UNSPECIFIED
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY

<b>MI, unstable angina, stroke, TIA or HF</b>	
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50810	RIGHT HEART FAILURE UNSPECIFIED
I50811	ACUTE RIGHT HEART FAILURE
I50812	CHRONIC RIGHT HEART FAILURE
I50813	ACUTE ON CHRONIC RIGHT HEART FAILURE
I50814	RIGHT HEART FAILURE DUE TO LEFT HEART FAILURE
I5082	BIVENTRICULAR HEART FAILURE
I5083	HIGH OUTPUT HEART FAILURE
I5084	END STAGE HEART FAILURE

<b>MI, unstable angina, stroke, TIA or HF</b>	
I5089	OTHER HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
I63019	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY
I6302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
I63031	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
I63032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY
I63039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY
I6309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY
I6310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
I63211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
I63231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
I63232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
I6329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
I6330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY

<b>MI, unstable angina, stroke, TIA or HF</b>	
I63312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63319	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63321	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63322	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63329	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63331	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63332	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY
I6340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
I63411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63421	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY
I63422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY
I63429	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63431	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY
I63432	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT POSTERIOR CEREBRAL ARTERY
I63439	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBELLAR ARTERY
I63442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBELLAR ARTERY

<b>MI, unstable angina, stroke, TIA or HF</b>	
I63449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBELLAR ARTERY
I6349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
I6350	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63511	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63512	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63519	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63521	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63522	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63529	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63531	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63532	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63539	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
I63542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
I63549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
I636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION, UNSPECIFIED

<b>Mobitz type II second-degree, third-degree AV block, sick sinus syndrome or sino-atrial block</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I441	ATRIOVENTRICULAR BLOCK, SECOND DEGREE
I442	ATRIOVENTRICULAR BLOCK, COMPLETE
I455	OTHER SPECIFIED HEART BLOCK
I495	SICK SINUS SYNDROME



Sleep Apnea	
ICD-10 Code	Description
G4730	SLEEP APNEA, UNSPECIFIED
G4731	PRIMARY CENTRAL SLEEP APNEA
G4732	HIGH ALTITUDE PERIODIC BREATHING
G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
G4734	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION
G4735	CONGENITAL CENTRAL ALVEOLAR HYPOVENTILATION SYNDROM
G4736	SLEEP RELATED HYPOVENTILATION IN CONDITIONS CLASSIFIED ELSEWHERE
G4737	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE
G4739	OTHR SLEEP APNEA

MAOI, strong CYP2C8 inducer/inhibitor or BCRP inhibitor	
LABEL NAME	GCN
AUBAGIO 14 MG TABLET	33262
AUBAGIO 7 MG TABLET	33259
AZILECT 0.5 MG TABLET	27081
AZILECT 1 MG TABLET	24654
CLOPIDOGREL 300 MG TABLET	99266
CLOPIDOGREL 75 MG TABLET	96010
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MOD 100 MG	13919
CYCLOSPORINE MOD 100 MG/ML	13917
CYCLOSPORINE MOD 25 MG	13918
CYCLOSPORINE MOD 50 MG	13916
DEFERASIROX 125 MG TB FOR SUSP	26042
DEFERASIROX 180 MG GRANULE	43466
DEFERASIROX 180 MG TABLET	38245
DEFERASIROX 250 MG TB FOR SUSP	26043
DEFERASIROX 360 MG TABLET	38246
DEFERASIROX 500 MG TB FOR SUSP	26044
DEFERASIROX 90 MG GRANULE	43449
DEFERASIROX 90 MG TABLET	38244
EMSAM 12MG/24 HOURS PATCH	26614
EMSAM 6MG/24 HOURS PATCH	26612
EXJADE 125 MG TABLET	26042



<b>MAOI, strong CYP2C8 inducer/inhibitor or BCRP inhibitor</b>	
<b>LABEL NAME</b>	<b>GCN</b>
EXJADE 250 MG TABLET	26043
EXJADE 500 MG TABLET	26044
GEMFIBROZIL 600 MG TABLET	25540
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
GENGRAF 75 MG CAPSULE	13918
JADENU 180 MG TABLET	38246
JADENU 360 MG TABLET	38246
JADENU 90 MG TABLET	38244
JADENU SPRINKLE 180 MG GRANULE	43465
JADENU SPRINKLE 360 MG GRANULE	43466
JADENU SPRINKLE 90 MG GRANULE	43449
LINEZOLID 100MG/5ML SUSP	26871
LINEZOLID 600MG TABLET	26870
LINEZOLID 600MG/300ML IV SOLN	26873
LOPID 600 MG TABLET	25540
MARPLAN 10 MG TABLET	16416
NARDIL 15 MG TABLET	16417
NEORAL 100 MG GELATIN CAPSULE	13919
NEORAL 100 MG/ML SOLUTION	13917
NEORAL 25 MG GELATIN CAPSULE	13918
PARNATE 10 MG TABLET	16418
PHENELZINE SULFATE 15 MG TAB	16417
PLAVIX 75 MG TABLET	96010
PROMACTA 12.5 MG SUSPEN PACKET	45875
PROMACTA 12.5 MG TABLET	31176
PROMACTA 25 MG TABLET	15994
PROMACTA 50 MG TABLET	15995
PROMACTA 75 MG TABLET	28344
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
RIFATER TABLET	14142
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220

<b>MAOI, strong CYP2C8 inducer/inhibitor or BCRP inhibitor</b>	
<b>LABEL NAME</b>	<b>GCN</b>
SANDIMMUNE 25 MG CAPSULE	13911
SELEGILINE 5MG CAPSULE	15603
SELEGILINE 5MG TABLET	15600
SULFAMETHOXAZOLE-TMP DS TABLET	90163
SULFAMETHOXAZOLE-TMP IV VIAL	90139
SULFAMETHOXAZOLE-TMP SS TABLET	90161
SULFAMETHOXAZOLE-TMP SUSP	90150
SULFATRIM PEDIATRIC SUSPENSION	90150
TRANLYCYPROMINE 10MG TABLET	16418
TRIMETHOPRIM 100 MG TABLET	42200
ZELAPAR 1.25MG ODT TABLET	22783
ZYVOX 100 MG/5 ML SUSPENSION	26871
ZYVOX 600 MG TABLET	26870
ZYVOX 600 MG/300 ML IV SOLN	26873



## MS Agents

### Clinical Criteria References

1. 2021 ICD-10-CM Diagnosis Codes. 2021. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on April 23, 2021.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2021. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on April 23, 2021.
3. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on April 23, 2021.
4. Ampyra Prescribing Information. Ardsley, NY. Acorda Therapeutics, Inc. December 2019.
5. Aubagio Prescribing Information. Cambridge, MA. Genzyme Corporation. November 2020.
6. Mavenclad Prescribing Information. Rockland, MA. EMD Serono, Inc. April 2019.
7. Mayzent Prescribing Information. East Hanover, NJ. Novartis Pharmaceuticals Corporation. January 2021.
8. Zeposia Prescribing Information. Summit, NJ. Celgene Corporation. September 2020.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
04/23/2021	<ul style="list-style-type: none"><li>Initial publication and presentation to the DUR Board</li></ul>